

Attachment 2

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Donna M. Paul

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Name (Please Print Clearly; do not complete by hand)
Donna M. Paul, M.D.
 Street, Apt. No., or P.O. Box No.
102 Meadow Wood Ct
 City, State, ZIP+4
Wetumpka AL 36093

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Donna M. Paul, M.D.
102 Meadow Wood Ct
Wetumpka, AL 36093

2. Article Number (Copy from service label)

7099 3400 0009 2318 7406

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
6/8/06
- C. Signature
x Ann Floyd ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To:
Donna M. Paul

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Name (Print or Type) **Donna M. Paul, M.D.**
 Street **500 Arba Street**
 City **Montgomery AL 36104-5108**

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Donna M. Paul, M.D.
500 Arba St.
Montgomery, AL 36104-5108

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Lakesha Holmes** B. Date of Delivery **6/8/06**
- C. Signature **Lakesha Holmes** ☐ Agent ☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

70493400 0009 2318 5532

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789